

POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/072,700
	Filing Date	2/7/2002
	First Named Inventor	Andrew D. Firlík
	Art Unit	3762
	Examiner Name	Flory, Christopher A
	Confirmation Number	2530
	Attorney Docket Number	337348020US4 (09-102 CIP)

I hereby revoke all previous powers of attorney given in the above-identified application.											
<input type="checkbox"/> A Power of Attorney is submitted herewith. OR <input checked="" type="checkbox"/> I hereby revoke all previous powers of attorney given in the above-identified application. I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith: OR <input type="checkbox"/> I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:	<div style="border: 1px solid black; padding: 10px; display: inline-block;"> 89010 </div>										
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">Practitioner(s) Name</th> <th style="width: 50%;">Registration Number</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Practitioner(s) Name	Registration Number									
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<input checked="" type="checkbox"/> The address associated with the above-mentioned Customer Number. OR <input type="checkbox"/> The address associated with Customer Number:					
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<table border="1" style="width: 100%;"> <tr> <td style="width: 20%;"> <input type="checkbox"/> Firm or Individual Name Address City Country Telephone </td> <td style="width: 80%;"> </td> </tr> </table>				<input type="checkbox"/> Firm or Individual Name Address City Country Telephone	
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I am the:			
<input type="checkbox"/> Applicant/Inventor. OR <input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. <i>Statement under 37 CFR 3.73(b) (Form PTO/SB/95) submitted herewith or filed on _____</i>			
SIGNATURE of Applicant or Assignee of Record			
Signature	/Peter Lando, #45513/ Pete Lando	Date	July 24, 2009
Name		Telephone	972-309-8509
Title and Company	Vice President Intellectual Property Affairs and Business Development		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*

☒ *Total of 1 forms are submitted.